



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATION & PROFESSIONAL LICENSING DIVISION
 Architectural Licensing Board
 Telephone: (860) 713-6145

Architect's Certification from State of Original Licensure

INSTRUCTIONS:

This form is to be completed only by a Board Official in the State where the applicant was originally licensed as an architect.

ORIGINAL LICENSING INFORMATION:

Architectural Licensing Board Certification from the State of:

(Name of State issuing original license as an architect)

I certify that:

(Name of architect)

Was licensed as an architect on:

(Date of original licensure)

(License number issued)

And currently holds a valid license in our State that expires on:

(Date of expiration)

Or held a valid license in our State that expired on:

(Date of expiration)

METHOD OF ORIGINAL LICENSURE:

Licensure as an architect was originally issued to this individual based upon the following: (Please check appropriate box and provide information as requested)

A. ☐ "NCARB" uniform examinations were administered and the reported grades were accepted without modification. If this method is selected, please complete the attached NCARB Examination Scores Reporting Form "NCARB-es"

B. ☐ State prepared examinations were administered in lieu of NCARB examinations. If this method is selected, please attach information reflecting the examination subject areas with related hours, the minimum passing grade and the grade received by this architect.

C. ☐ By exemption from the examination procedures described above. If this method is selected, please check below the basis for the exemption; (More than one box may be checked if appropriate)

1. ☐ Education 2. ☐ Experience & training 3. ☐ Oral examination
4. ☐ In accordance with a state law or regulation (i.e. "grandfather clause")

**SEISMIC FORCES REQUIREMENTS:**

This architect satisfied the seismic forces requirements in the following manner:

(Please check one and provide date exam was passed)

A. <input type="checkbox"/> Western Conference States Examination (June 1963 - June 1965)	(Date passed)
B. <input type="checkbox"/> Section G of the 7-part examination (December 1965 - December 1975)	(Date passed)
C. <input type="checkbox"/> Professional Examination (December 1973-December 1982)	(Date passed)
D. <input type="checkbox"/> Architect Registration Examination (ARE) (Beginning June 1983)	(Date passed)
E. <input type="checkbox"/> Seismic Forces Examination (Beginning Sept. 1987)	(Date passed)
F. <input type="checkbox"/> Seismic Force Seminar <u>other than any of those named above:</u> (Please provide name & location of event in box immediately below this line)	
(Name of event)	(Location)
	(Date passed)

DISCIPLINARY HISTORY:

Has the Board of Architectural Licensing in your State taken any administrative actions against this licensee or are there any actions pending at this time? ☐ **YES** ☐ **NO** If the answer is yes, please provide available records or details relating to the nature of the transgression(s) and describe related action(s) taken by the Board.

CERTIFICATION OF STATE BOARD OFFICIAL:

_____ Printed name & title of State Board of Architectural Licensing Official
_____ Signature
_____ Date

Please emboss here with
Seal of State Architectural
Licensing Board